



## *Substandard Mobile Home Abatement Program*

### PERMIT AND INDEMNIFICATION

The undersigned is the owner of the following described manufactured/mobile home:

Manufacturer Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Present Location/Address: \_\_\_\_\_

The City of Tucson, as well as its agents/assigns, is hereby authorized to enter upon the present location/address for the purpose of removing and permanently disposing of the personal property noted above. The undersigned further warrants that he/she/they has/have the authority to issue this permit and that said personal property has been vacant for a minimum of six (6) months and that said vacancy was not the result of an eviction process undertaken solely to secure the services provided by this Program. The undersigned also certifies that there is no lessee, lien, or other encumbrances existing against said personal property.

The undersigned does hereby assume the risk of, and indemnify and hold the City of Tucson harmless from, any and all damage, loss, liability, and injury to the undersigned or others caused by the entry upon said property and the work authorized to be done by the City and/or its agents/assigns. **Property owner must provide copy of valid/current title.**

**All personal items and belongings owned by either me or past tenants have been removed from the manufactured home listed above and I assume all responsibility for same. All utility lines/access have been removed/properly reconfigured to allow for unit removal. All outlying and support structures/storage sheds not permanently affixed to mobile home have been removed and requisite access to unit by Contractor will not be impeded by same. Property owner is responsible for the abatement of any and all environmental issues – *except for asbestos* - as directed by COT Inspectors. **Actual removal of the sub-standard unit will NOT commence until work site is 'fully approved' by assigned City of Tucson Inspector.****

Property Owner Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

X \_\_\_\_\_

Property Owner Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
COT Community Services Staff

\_\_\_\_\_  
Date

STATE OF )  
                  )ss  
COUNTY OF )

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public